



USAID | **TB CARE I**
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Kazakhstan

**Year 1
Quarterly Report
July - September 2011**

November 8th, 2011

Quarterly Overview

Reporting Country	Kazakhstan
Lead Partner	KNCV
Collaborating Partners	
Date Report Sent	29 October 2011
From	Svetlana Pak
To	Bryn Sakagawa, USAID CAR
Reporting Period	July-September 2011

Technical Areas	% Completion
1. Universal and Early Access	61%
2. Laboratories	45%
3. Infection Control	50%
4. PMDT	75%
5. TB/HIV	69%
6. Health Systems Strengthening	75%
7. M&E, OR and Surveillance	61%
8. Drug supply and management	50%
Overall work plan completion	61%

Most Significant Achievements

TB in prisons:

Four specialists from prison TB services from project sites (Akmola, South Kazakhstan, North Kazakhstan and East Kazakhstan) participated in two-day workshop on revision of protocols on management of DR TB. Draft PMDT plans have been developed for three new project sites (Akmola, South Kazakhstan and North Kazakhstan) where prison system was included.

TA was provided to prison system on reorganization of MDRTB care in prisons.

TB in children:

Five TB pediatricians trained in childhood TB in WHO Collaborative Center in Latvia. They were involved in drafting clinical protocols on Childhood TB.

Laboratory:

Draft guideline, plan and SOPs on laboratory maintenance have been developed.

Draft national laboratory plan developed by laboratory working group established under the NTP.

PMDT:

PMDT action plans for project sites have been drafted during supervision visits and pre-final versions have been discussed during one-day workshop.

Thematic working group on development of clinical protocols and revision of guideline on MDR TB was established.

TB-HIV:

Technical working group on development of National TB-HIV plan and revision of clinical protocols on management of TB-HIV was established. Specialists from NTP, NAP, SES and partners organizations are involved. Draft on National plan was agreed.

HSS:

Two specialists from NTP (one from national level and one from North Kazakhstan oblast) have been trained in strategic planning organized by IUATLD.

Tool for monitoring of patient support activities have been developed and tested in East Kazakhstan oblast.

One-hundred eighty TB/MDR TB patients who are still on treatment have been enrolled in patient support system in Eastern Kazakhstan.

Two-day workshop on involvement of local NGOs in TB control was conducted for local NGOs from four project sites. Representatives of 15 local NGOs participated. Two ex-MDRTB patients who also participated in that workshop have expressed their intention to establish NGO to provide support to TB patients.

M&E:

108 specialists responsible for data collection, recording and reporting from prison and civil TB services of four project sites (oblast and rayon levels) have been trained in data management and analysis during one-day workshops and on job trainings conducted during monitoring visits.

Overall work plan implementation status

Intensive implementation of the project starting since June resulted in 58 % of work plan completion. Preparatory work for other planned activities have been started and three-month extension is needed to complete them.

Technical and administrative challenges

Transfer of prison system from the MoJ to the MoIA influenced implementation of TB in prisons activities. Because of that supervision visits to prison system were postponed and representatives of prison TB services were not allowed to participate in some activities.

As NTP is a Principal Recipient (PR) of the GF project in Kazakhstan and they have limited human resources it is not always possible to involve right people from NTP in project implementation what caused postponing of some activities.

Some delay in implementation of laboratory activities happened since negotiation with SNRL took more time than expected.

New staff was recruited only mid of July due to difficulties with hiring qualified technical specialists and then it took time to involve them in project plan and introduce project and organization policies.

Quarterly Technical Outcome Report

	2010*	2011**
Number of MDR cases diagnosed	7336	5840
Number of MDR cases put on treatment	5740	3909

* January - December 2010 ** January - September 2011

Technical Area		1. Universal and Early Access					
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
				Y1	Y1		
1	Improved TB control in prisons	Bacteriologically confirmed TB cases in prisons reported to NTP	Bacteriologically confirmed TB cases reported in prisons in project sites (indicator for case detection), disaggregated by culture and DST results (indicator for access to bacteriological examinations in prison)	Case detection: South Kazakhstan (SKO) - 64,2% Nord Kazakhstan (NKO) - 27% Akmolinskaya (Akm) - 37,2% East Kazakhstan (EKO) - 27,2% Culture coverage: SKO - 61% NKO - 62% Akm - 0% EKO - 68,2% DST coverage: SKO - 100% NKO - 100% Akm - 0% EKO - 100%	Case detection: SKO - 57,8% NKO - 28% Akm - 43,8 EKO - 24,7% Culture coverage: SKO - 90% NKO - 75% Akm - 54% EKO - 70,7% DST coverage: SKO - 100% NKO - 100% Akm - 100% EKO - 100%	Four MDRTB specialists from prison TB hospitals of Akmola, South Kazakhstan, East Kazakhstan and North Kazakhstan participated in two-day workshop to discuss protocols on management of DRTB and action PMDT plans for four project oblasts.	Transfer of prison system from MoJ to MoIA complicated getting approval to conduct activities with participation of prison staff and visit prisons. Because prison system was in the process of transfer from MoJ to MoIA TB CARE couldn't conduct supervision visits to prisons. This is moved to APA2.
2	Strengthened TB control in migrants	TB cases in migrants reported to NTP among the total number of TB patients	TB cases in migrants reported to NTP among the total number of TB patients	Akm - 3,3% SKO - 2,1% NKO - 0,7% EKO - 0,2%	Akm - 1% SKO - 1% NKO - 1% EKO - 5%	Workshop of thematic working group on TB in migrants was not conducted.	Because NTP is not ready yet to start work on TB in migrants, establishment of TWG on TB in migrants at NTP level is postponed. It will be moved to APA2. TB CARE project will initiate establishment of TWG on TB in migrants after Regional high level meeting on cross-border TB control in Central Asia scheduled for 28 - 29 November 2011 in Almaty.

3	International standards on TB management in children introduced in country	Number of childhood TB cases	Number of childhood TB cases disaggregated by active (contact, risk group examination) and passive case finding	Active: Akm - 22 (58,3%) SKO - 35 (51,7%) NKO - 14 (80%) EKO - 59 (69,7%) Passive: Akm - 11 (41,7%) SKO - 46 (48,3%) NKO - 5 (20%) EKO - 24 (30,4%)		Active: Akm - 19 (73,1%) SKO - 31 (44,3%) NKO - 5 (54,5%) EKO - 29 (43,4%) Passive: Akm - 7 (26,9%) SKO - 39 (55,7%) NKO - 5 (45,5%) EKO - 14 (56%)	In August five TB pediatricians (all females) from Akmola, East Kazakhstan, South Kazakhstan and North Kazakhstan participated in WHO training on childhood TB in Riga.	NTP director didn't permit the National Childhood TB coordinator to attend WHO training. Trained TB pediatricians from four project sites (Akmola, East Kazakhstan, South Kazakhstan and North Kazakhstan) will be involved in development of clinical protocols on TB in children. TB in children is included in drafts of PMDT action plans of project sites.
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Technical Area		2. Laboratories						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
					Y1	Y1		
1	Laboratory strategic planning capacity improved	Developed National laboratory strategic plan	National laboratory strategic plan is developed Yes/No	NO		NO	Three-day workshop on development of national laboratory plan was conducted from 12 till 14 September. Laboratory coordinators from Akmola, East Kazakhstan, South Kazakhstan, Almatinskaya oblast, NRL, SES, Medical University healthcare department participated in the workshop. Workshop was co-facilitated by laboratory specialists of project Qaulity and CDC. Five-day supportive supervision visit was conducted by regional laboratory TO in South Kazakhstan.	NRL specialists are involved in several projects, therefore development of National laboratory plan takes more time. Extension till December is needed for development of National laboratory plan and supervision visits to remaining three project sites to assess condition of laboratory service in TB control program, identify needs in TA and training.
2	Management of laboratory services improved	Number of laboratories that have updated laboratory SOPs in line with WHO standards (number and percent)	Number of culture laboratories that have SOPs in line with WHO standards out of total number of culture laboratories in project sites (number and percent)	0		0	Draft guidelines, plan and SOPs on laboratory maintenance have been developed by hired laboratory maintenance consultant Franco Ramoso, recommended by SNRL. Franco conducted one-day workshop on international standards of maintenance system for 10 specialists form NTP (NRL, procurement manager) and 8 representatives of procurement & service companies recommneded by NRL.	Limited capacities at NTP level to organize appropriate maintenance service. Draft laboratory maintenance SOPs will be tested at the oblast bacteriological laboratories in project sites (South Kazakhstan, Akmola, East Kazakhstan and North Kazakhstan) during supervision visits of regional laboratory TO and afterwards, finalized. Extension till December will be needed for testing and finalization of maintenance SOPs.

3	TB diagnostic capability enhanced through introduction of new diagnostic tools	TB patients diagnosed by GenExpert (number and percent)	TB patients diagnosed by GenExpert in project sites (number and percent out of all TB patients in project sites) disaggregated by TB/MDR TB	0		0	Meeting with NTP, NRL, PIU GF, Quality project and other partners have been conducted to discuss implementation of Xpert MTB/Rif in Kazakhstan. NTP director agreed to establish Xpert pilot group and provide assistance in procurement. Epidemiological analysis was conducted in TB CARE project sites (East KZ, Akmola, North Kazakhstan, South Kazakhstan) and Almaty city to decide on pilot site.	Defining sites for piloting Xpert MTB/Rif. Procurement of equipment. 2-day WS on introduction of Xpert. Development of country plan on implementation of Xpert MTB/Rif, adaptation of generic SOP and diagnostic algorithms after regional WHO workshop on implementation of Xpert MTB/Rif. It is suggested to use funds budgeted for introduction and piloting GeneXpert for regional WHO workshop on implementation of Xpert MTB/Rif. Extension till December will be requested.
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Technical Area		3. Infection Control						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
1	Introduce and scaled-up of minimum package of IC interventions in key facilities in project sites	Ratio of TB notification rate in health care staff	Ratio of TB notification rate in health care staff over the TB notification rate in general population, adjusted by age and sex in project sites	310,1 per 100 000 health care staff		249,8 per 100 000 health care staff	TB-IC mission was conducted by regional TB-IC consultant together with TB-IC coordinator of the NTP to East Kazakhstan and Akmola oblasts. TB CARE together with project Quality initiated establishment of thematic working group on TB-IC at NTP.	Establishment of thematic working group on TB-IC was postponed because of delay with official approval from the NTP director. There is verbal approval but still official decision is required. Establishment of thematic working group. Development of TB-IC assessment tool for NTP. Extension will be requested till December.

2	Developed local capacity on TB IC	Key facilities with a designated TB IC focal person in each project site including prison sector (number and percent)	Key facilities with a designated TB IC focal person in each project site including prison sector (number and percent) disaggregated by prison and civil sector	local engineers trained in TB-IC - 0	5	4	Three local ventilation companies were identified (Astana, Oskemen, Almaty). Engineers from these companies participated in TB-IC course for engineers in Vladimir in June. TB-IC focal point from NTP also attended that course.	There was no ventilation company identified in South Kazakhstan. Trained engineer from Astana will provide service to Akmola and North Kazakhstan oblasts, trained engineer from Almaty will provide service to South Kazakhstan oblast.
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Technical Area		4. PMDT						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
1	PMDT scale up in civilian and prison sectors	MDR TB cases put on treatment (number and percentage of diagnosed MDR TB cases)	Number and % of lab-confirmed MDR-TB patients enrolled on 2nd-line anti-TB treatment among all lab-confirmed MDR-TB cases during reporting period in project sites disaggregated by civil and prison sector	Civil Akm - 324 (62,3%) SKO - 470 (80,9%) NKO - 285 (58%) EKO - 473 (64,8%) Prison: Akm - 28 (77,8%) NKO - 27 (42%) SKO - 28 (33%) EKO - 30 (22%)	85% in 2015	January - September 2011 Civil Akm - 250 (83,3%) SKO - 122 (32,3%) NKO - 209 (63,5%) EKO - 264 (56,7%) Prison: Akm - 55 (87,3%) NKO - 10 (32%) SKO - 22 (38%) EKO - 50 (49,5%)	Supervision visits were conducted to South Kazakhstan, Akmola and North Kazakhstan oblasts by regional TO and NTP specialist. One-day workshop was conducted in September in collaboration with MDRTB national coordinator to discuss PMDT action plans of four project sites. Specialists of civil and prison TB services from four project sites participated in the workshop. One-day workshop was conducted for specislits from NTP and project sites to discuss clinical protocols. In total 34 specialists participated in both workshops:27 females and 7 males.	Because local specialists are involved in several projects it is difficult to involve them in finalization of action plans. Changes in the national policy regarding organization of TB/MDR services in civil and prison services requires revision of protocols. Pre-final PMDT action plans will be discussed and finalised at the oblast level. Training on MDR/XDR TB management will be conducted for project sites. Extension till December is needed.

2	Improved X/MDR TB management in children	Number of children put on MDR TB treatment in accordance with international guidelines (number and percentage out of all children diagnosed with MDRTB)	Number of children put on MDR TB treatment in accordance with international guidelines (number and percentage out of all children diagnosed with MDRTB) disaggregated by oblasts	Akm - 2 (100%) SKO - 1 (100%) NKO - 1 (100%) EKO - 2 (100%)		Akm - 3 (100%) SKO - 2 (100%) NKO - 1 (100%) EKO - 0 (0%)	Four specialists on childhood TB from project sites (Akmola, East Kazakhstan, South Kazakhstan and North Kazakhstan) trained in Riga participated in two workshops on PMDT action plans and clinical protocols in September. Design of protocols on childhood TB has been discussed and agreed.	Insufficient knowledge in international recommendations related to childhood TB at NTP. Development of protocols on childhood TB was possible to start only after training of local TB specialists on childhood TB. Draft clinical protocols on childhood TB. Extension will be needed.
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Technical Area		5. TB/HIV						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
1	Increased demand for TB/HIV activities	Country has a National strategic plan on TB/HIV collaborative activities in line with WHO standards	National strategic plan on TB/HIV collaborative activities is in line with WHO standards and available in country (yes/no)	NO		NO	One-day workshop was conducted for representatives of TB and HIV services to strengthen collaboration between two services, presentation of recent WHO recommendations and initiation development of national T-HIV plan and revision of existing TB-HIV protocols. One-day workshop was conducted in July for thematic working group on TB-HIV to discuss development of National plan on TB-HIV collaborative activities. Representatives of NTP, NAP, PIU GF, project Quality and other partners participated in the workshop. In total 12 people participated in the workshop: 7 females, 5 males.	Development of National plan on TB-HIV collaborative activities. Extension till December will be needed.
2	Increased number of TB and HIV patients that are receiving care and treatment	People living with HIV, screened for TB in HIV care settings (VCT, ANC, PMTCT, MCNH and ART clinics) (number and percent)	People living with HIV, screened for TB in HIV care settings (VCT, ANC, PMTCT, MCNH and ART clinics) (number and percent) in project sites	75%	95%	Akm - 98% SKO - 96% NKO - 97% EKO -96%	Clinical protocols on TB-HIV have been discussed during one-day workshop in July.	Needed changes in existing clinical protocols have been discussed and agreed. Extension till December will be requested to revise clinical protocols.

Technical Area	6. Health Systems Strengthening						
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
				Y1	Y1		







1	Improved local human resource capacity	Number of local trainers trained	Number local trainers trained in each project site	12		12	<p>Two specialists from NTP (National TB center and North Kazakhstan oblast TB dispensary) and two regional TOs participated in IUATLD training course on strategic planning and innovation.</p> <p>Two-day regional workshop on harmonization of activities with participation of key specialists from NTP, GF, Quality, Dialogue and other partners was conducted from 14 till 15 July in Almaty.</p>	<p>Late start of project implementation and limited HR capacities resulted in delay of establishing training centers in new project sites (Akmola, South Kazakhstan and North Kazakhstan).</p> <p>Since NTP is planning to revise national guidelines, training modules will be developed after revision of guidelines (moved to APA2).</p>
2	Improved patient adherence to treatment	Default rate among TB patients	Default rate among TB patients in project sites disaggregated by TB and MDR TB	<p>Sens TB Akm - 1,8% SKO - 3.7% NKO - 2,4% EKO - 4,3%</p> <p>MDR TB Akm - 0% SKO - 6,4% NKO - 3,6% EKO - 4,7%</p>		<p>Sens TB Akm - 0,5% SKO - 2.2% NKO - 0,5% EKO - 4.5%</p> <p>MDR TB Akm - 0% SKO - 5,5% NKO - 21,2% EKO - 4,0%</p>	<p>Supervision visit was conducted in July to East Kazakhstan oblast to continue with development of patient support system established within TB CAP project.</p> <p>Patient support monitoring tool was developed in collaboration with East Kazakhstan specialists from TB service and social defence department. One-day meeting with representatives of TB service, social support department was conducted in East Kazakhstan to finalize the tool. Developed tool is tested in East Kazakhstan oblast.</p> <p>180 TB and MDR TB patients have been selected to be included in patient support programme in East Kazakhstan. Delivery of social support started in September in East Kazakhstan.</p> <p>Two day workshop on capacity building for selected local NGOs from four project's sites was conducted in September. Two ex-MDR TB patients attended this workshop expressed the willingness to establish patient support group in East Kazakhstan.</p>	<p>More time is required to initiate establishment of patient support system in new project sites (Akmola, South Kazakhstan, North Kazakhstan) because of low commitment of local government and limited financial and human resources in social support service.</p> <p>Lack of local NGOs involved in TB control program in the country.</p> <p>One-day meetings with representatives of TB services, social departments, health care departments, Akimats and other local partners will be conducted in new project sites (SKO, NKO and Akmola oblasts) to discuss current situation and available resources for provision of patient support and establishment of working groups for creating oblasts' specific patient support systems.</p> <p>Provision of psychosocial support in East Kazakhstan oblast.</p>







Technical Area		7. M&E, OR and Surveillance						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
1	Improved surveillance system (including MDR TB and TB/HIV)	1)Reporting units at all levels of data flow submitting timely reports according to national guidelines (number and percentage) 2)Feedback from systematic analysis of surveillance and programmatic data and related recommendations provided by central to lower levels	1)Reporting units at all levels of data flow in project sites submitting timely reports according to national guidelines (number and percentage) 2)Reporting units that have received feedback from central level (number and percentage)	1) 4 (100%) 2) 0 (0%)		1) 4 (100%) 2) 1 (25%)	Four supportive supervision visits have been conducted to four project sites (East Kazakhstan, Akmola, South Kazakhstan, North Kazakhstan) by regional M&E TO. During these visits one-day workshops have been conducted for M&E specialists from oblasts and rajon civil TB services and one-day workshops for prison medical services to improve their practical skills in data collection. Totally 106 specialists participated in four workshops. Meeting with national and internationa partners was conducted for establishment of thematic working group to revise surveillance system. Representatives from NTP and international organizations participated in the meeting. NTP supported establishment of thematic working group and agreed to revise recording and reporting forms.	Revision of existing reporting and recording forms. Extension till December will be requested.
2	Strengthened local capacities on OR	Operations research studies completed & results disseminated (number)	Number of operations research studies completed & results disseminated	0		0	Two-day workshop on development of National TB research agenda was conducted for NTP, Republican SES and oblasts TB services of four project sites was conducted in September to discuss National TB research agenda. Basis for national research agenda and list of potential ORs have been developed.	Limited capacities for OR in accordance with international requirements. Development of protocol on OR on effectiveness of patient support system. Extension will be required till December.

Technical Area		8. Drug supply and management						
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target	
				Y1	Y1			







1	Improved drug management in project sites	Number of oblast with quarterly oblast stock information available for both first and second line drugs	Number of oblast in TB CARE I project sites with quarterly oblast stock information available (both for first and second line drugs)/total number of oblasts in project sites	4	4	4	Training on practical skills in calculation of anti-TB drugs needs for four project sites was postponed due to delay with project implementation.	Extension is required to conduct training.
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Quarterly Activity Plan Report

Outcomes	1. Universal and Early Access		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
1.1 Improved TB control in prisons	1.1.1	Assesment visits on TB control in prisons in project sites	KNCV	8.197	 100%	Jun	2011	Assessment of TB control program in prisons was part of assessment mission to four project sites Akmola, East Kazakhstan, North Kazakhstan and South Kazakhstan. Missions have been conducted in May and June.
	1.1.2	Workshop on revision&developm ent of protocols on management of TB (DRTB) in prisons	KNCV	7.679	 100%	Sep	2011	Two-day workshop to discuss draft protocols on management of TB and DRTB was conducted for both civil and prison TB services from 28 till 29 September in Almaty. Four MDR TB doctors from prison TB hospitals of East Kazakhstan, South Kazakhstan, Akmola and North Kazakhstan oblasts participated in the workshop. As a result pre-final versions of protocols have been discussed.
	1.1.3	Supportive supervision visits to project sites	KNCV	5.374	 0%	Sep	2012	Supervision visits were not conducted due to transfer of prison system from the MoJ to the MoIA. This activity will be moved to APA2.
	1.1.4	Training of prison medical staff in new project sites	KNCV	3.404	 25%	Mar	2012	Development of training curricula for prison system is in the process and can be finalized in the beginning of APA2.
	1.1.5	Workshops for prison administration	KNCV	26.466	 25%	Dec	2011	Agenda for workshop on TB in prisons for prison administration was developed. Extension is needed to conduct workshops for prison administrations in four project sites (Akmola, East Kazakhstan, North Kazakhstan and South Kazakhstan).
	1.1.6	Workshop on involvement of local NGOs in TB control in prisons	KNCV	15.859	 100%	Sep	2011	Two-day workshop on role of local NGOs in TB control including prison system was conducted for selected local NGOs from Akmola, East Kazakhstan, North Kazakhstan and South Kazakhstan and Almatinskaya oblasts. Totally 19 representatives of 15 local NGOs and two ex-MDR TB patients (17 females and 2 males) and participated in the workshop. Two ex-MDR TB patients are planning to create patient support NGO in East Kazakhstan.







	1.1.7	TA on reorganization of TB services in prisons	KNCV	1.683	 100%	Sep	2011	<p>TB CARE provided TA during one-day meeting devoted to discussion about reorganization of MDR TB services in prison system. As a result prison system decided to conduct deep analysis in order to make final decision on centralization. TB CARE shared with prison system SWOT analysis.</p> <p>Technical assistance was provided by TB CARE to prison system during discussion on transfer of prison medical service from prison system to the MoH. Further technical assistance will be needed for development of policy documents.</p>
1.2 Strengthened TB control in migrants	1.2.1	Round table meeting on development of TWG	KNCV	2.538	 0%	Mar	2012	This activity is moved to APA2 because NTP is not ready yet to start work on TB in migrants and therefore there was delay with establishment of TWG on TB in migrants at NTP level. It will be held after Regional high level meeting on cross-border TB control in Central Asia scheduled for 28 - 29 November 2011 in Almaty as a follow up.
	1.2.2	Analysis of policy and practices related to TB control in migrants	KNCV	3.251	 50%	Apr	2012	<p>Assesment was done in all project sites. Partners meetings on establishment of TWG have been conducted.</p> <p>Establishment of TWG on TB in migrants and review of existing policy will be done in APA 2.</p>
1.3 International standards on TB management in children introduced in country	1.3.1	Training on TB management in children	KNCV	21.691	 100%	Aug	2011	Five childhood TB specialists from project sites (Akmola, North Kazakhstan, South Kazakhstan and East Kazakhstan) trained in childhood TB in Riga, Latvia.
	1.3.2	Development of action plan to scale up TB management in children	KNCV	15.583	 75%	Dec	2011	TB in children is included in drafts of PMDT action plans of four project sites (East Kazakhstan, Akmola, North Kazakhstan and South Kazakhstan). Extension is needed for finalizing the plans.
					 61%			





	2. Laboratories				Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcomes		Lead Partner	Approved Budget	Cumulative Completion	Month	Year	




2.1 Laboratory strategic planning capacity improved	2.1.1	Development of National strategic plan	KNCV	6.040	 50%	Dec	2011	Three-day workshop for 23 representatives (5 male, 18 female) from NTP, NRL, and lab specialists from projects sites, SES, Kazakh National Medical University. Workshop was co-facilitated by Quality and CDC. Extension till December will be needed for development of National laboratory plan.
	2.1.2	Continuous supportive supervision	KNCV	33.827	 25%	Dec	2011	Five-day supportive supervision visit conducted in South Kazakhstan. Extension till December will be needed for TA visits in North Kazakhstan, Akmola and East Kazakhstan.
2.2 Management of laboratory services improved	2.2.1	Development of guidelines on laboratory maintenance	KNCV	10.933	 75%	Dec	2011	Five-day mission and one-day workshop on development of laboratory maintenance were conducted by lab expert, Franco Ramoso. Totally 22 participants (7 male, 15 female) from NRL, private service companies participated in the workshop. Draft guideline, SOP and plan on laboratory maintenance developed. Extension is needed to finalize the plan, guideline and SOPs.
	2.2.2	Updating of lab SOPs in accordance with international standards	KNCV	6.749	 50%	Dec	2011	Existing laboratory SOPs have been revised in South Kazakhstan oblast. Linked to activity 2.1.2. Finalization of SOPs in project sites will be continued in APA2.
2.3 TB diagnostic capability enhanced through introduction of new diagnostic tools	2.3.1	Procurement of GenExpert and its related equipment	KNCV	191.829	 25%	Dec	2011	Extension till December is needed for purchase of four GeneXpert machines.
	2.3.2	Introduction and piloting of GenExpert	KNCV	9.262	Cancelled	Nov	2011	It is suggested to reprogram this activity to the regional WHO workshop on implementation of GeneXpert.
	2.3.3	Introduction of FL&SL Hain test	KNCV	14.506	Cancelled	Dec	2011	This activity is cancelled because procurement of test for SL Hain will be done by GF project, laboratory SOPs will be developed by Quality project. It is proposed to reprogram this activity to bench-on training for laboratory specialists from East Kazakhstan, North Kazakhstan and Akmola oblasts at SNRL in Borstel. Expenses will be shared with SNRL.
					 45%			

3. Infection Control		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcomes					Month	Year	
3.1 Introduce and scaled-up of minimum package of IC interventions in key facilities in project sites	3.1.1	Development of IC guidelines and regulatory documents in accordance with international standards	KNCV	5.012	 0%	Dec 2011	Establishment of thematic working group on TB-IC was postponed because of delay with official approval from the NTP director. Extension till December is required for establishment and support of TWG.
	3.1.2	Introduction of TB IC assesment guide and checklist	KNCV	1.354	 0%	Dec 2011	Since establishment of TWG on TB-IC delayed development of TB-IC assessment tool was not done yet. Extension will be requested till December.
	3.1.3	IC assessment visits to project sites	KNCV	3.827	 100%	Jul 2011	TB-IC assessment missions have been conducted to two project sites (East Kazakhstan and Akmola) by regional TB-IC consultant.
	3.1.4	Procurement of IC equipment for risk assessment and protection measures	KNCV	80.400	 50%	Dec 2011	Needs in IC equipment for measurements have been identified. Procurement is in the process. Extension is needed to finalize procurement of TB-IC equipment.
	3.1.5	Continious supportive supervision	KNCV	5.374	Cancelled	Sep 2011	Due to late start of project implementation supportive supervision was not conducted and activity will be modified.
3.2 Developed local capacity on TB IC	3.2.1	Training on environmental aspects of TB IC	KNCV	10.493	 100%	Jun 2011	Three engineers from three ventilation companies in Almaty, East Kazakhstan and Astana attended special TB-IC course for engineers in Vladimir. MoU between NTP and ventilation companies is signed.
					 50%		

4. PMDT		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcomes					Month	Year	

4.1 PMDT scale up in civilian and prison sectors	4.1.1	Workshop on finalization of EKO action plan for PMDT	KNCV	1.982	 100%	Dec	2011	One-day workshop was conducted to discuss pre-final versions of PMDT action plans of East Kazakhstan oblast and three new project sites. Specialists of oblast TB control programs from project sites (Akmola, East Kazakhstan, North Kazakhstan and South Kazakhstan), NTP, prison system, SES, Project Quality and GF participated in the workshop. Totally 30 participants (23 females and 7 males) from TB services of four project sites participated in the workshop. It was agreed that plans will be presented to the oblasts' health departments for approval.
	4.1.2	Monitoring and TA visits to EKO	KNCV	22.572	 100%	Sep	2011	Monitoring visit to East Kazakhstan oblast was conducted by regional TO.
	4.1.3	Assessment visits to new project sites	KNCV	53.477	 100%	Jun	2011	Assessment visits to four project sites (East Kazakhstan, Akmola, South Kazakhstan and North Kazakhstan) have been conducted in May - June.
	4.1.4	Development of PMDT action plans in new project sites	KNCV	5.456	 75%	Dec	2011	This activity was linked to act. 4.1.1. Specialists from three new project sites participated in one-day workshop on discussion pre-final PMDT plans. Four oblasts shared their experience and suggestions for PMDT plans. Pre-final PMDT plans will be presented to the oblast health departments for consideration. Extension will be needed for finalization and approval of oblasts' action plans.
	4.1.5	Finalization of DR TB management protocols for new project sites	KNCV	7.145	 50%	Apr	2012	One-day workshop was conducted for MDRTB oblasts' coordinators including coordinators on childhood TB, prison TB services, national coordinators and project Quality and GF to revise existing MDR TB protocols. Participants agreed on design and content of protocols. Technical working group was identified. Participants also agreed that there is a need to revise national guide on MDR/XDR TB in accordance with recent WHO recommendations before finalization of protocols in order to avoid contradictions. Finalization of protocols will be completed in APA2.
	4.1.6	Training on X/MDR TB clinical management in project sites	KNCV	5.000	 50%	Feb	2012	During assessment missions it was found that not all MDR TB clinicians have been trained in clinical aspects of MDRTB. Preparation for training has started. Activity is moved to APA2.








	4.1.7	Monitoring visits to new project sites	KNCV	5.307	 100%	Sep	2011	Monitoring visits were conducted to three project sites (Akmola, North Kazakhstan and South Kazakhstan).
	4.1.8	Participation in international conferences	KNCV	23.053	 75%	Dec	2011	Five representatives from National level and project sites participated in the Wolfheze workshop on PMDT in June in The Netherlands.
4.2 Improved X/MDR TB management in children	4.2.1	Development of protocols on X/MDRTB management in children	KNCV	4.090	 25%	Apr	2012	Design and content of protocols on TB in children have been discussed during one-day workshop for specialists on childhood TB from project' sites trained in Latvia (totally five childhood TB specialists - all females). National coordinator on childhood TB co-facilitated the workshop. Group of specilaists agreed on design and content of protocol. Finalization of protocols will be completed in APA2 after revision of national guideline on MDR/XDR TB where childhood TB will be included.
					 75%			

		5. TB/HIV			Planned Completion		Cumulative Progress and Deliverables up-to-date	
Outcomes			Lead Partner	Approved Budget	Cumulative Completion	Month	Year	
5.1 Increased demand for TB/HIV activities	5.1.1	Workshop on TB/HIV collaboration		1.025	 100%	Jul	2011	One-day workshop was conducted for TB and HIV services to strengthen collaboration between two programs. As a result of workshop it was decided to develop national TB and HIV collaborative activities plan and revision of existing clinical protocols on TB-HIV. New membership of TB and HIV thematic working group was agreed. Total number of participants - 12 (7 females and 5 males).
	5.1.2	Assessment of TB-HIV collaborative activities implementation in the project sites		10.885	 100%	Jun	2011	Assessment of TB-HIV collaborative activities implementation in four project sites (Akmola, East Kazakhstan, North Kazakhstan and South Kazakhstan) was conducted in May-June.
	5.1.3	Development of National strategic plan on TB/HIV collaboration		1.072	 50%	Dec	2011	One-day workshop was conducted for TB-HIV thematic working group on development of National plan on TB-HIV collaborative activities. Total number of participants - 12 (7 females and 5 males). Extension till December is needed to finalize the plan.

5.2 Increased number of TB and HIV patients that are receiving care and treatment	5.2.1	Revision and adjustment of existing clinical protocols on TB/HIV		909	25%	Mar	2012	One-day meeting for TB-HIV thematic working group was conducted to discuss revision of existing clinical protocols to adjust them to recent WHO recommendations. Finalization of clinical protocols will be completed in APA2.
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69%



Outcomes	6. Health Systems Strengthening		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
6.1 Improved local human resource capacity	6.1.1	Training on "strategic planning and innovation"	KNCV	16.522	100%	Aug	2011	Two representatives from NTP (one from national level and one from project site -North Kazakhstan oblast) and from project team participated IUATLD training course on Strategic planning and Innovation.
	6.1.2	Development of HRD plan for TB	KNCV	8.111	50%	Feb	2012	Recommendations for development of HRD plan have been developed. Development of HR plan requires more time and will be moved to APA2.
	6.1.3	Strengthening of training capacities of local trainers	KNCV	11.578	50%	May	2012	One-day meeting was conducted by HR consultant with NTP representatives (national coordinators, person responsible for national training center) and GF PIU to discuss training activities in country and discuss training needs for TB control program. Additionally, HR consultant met with partners to collect information about available trainings. Analysis of training needs has been done by HR consultant. It is not feasible to finalize development of training modules since NTP is planning to revise national guidelines. Development of training modules will be continued in APA2.
	6.1.4	Development of plan for sustainable e-library in Russian and English languages	KNCV	8.111	100%	Dec	2011	Inventory of existing resources for e-library in Russian and English languages conducted by HR consultant. Recommendations have been developed.

	6.1.5	Regional introductory workshop for implementation of TB CARE I, QHCP and Dialoge projects in CAR	KNCV	61.753	 100%	Sep	2011	Two day regional meeting on harmonization of activities with participation of representatives from NTP, prison system, SES, GF, Quality project, Dialogue was conducted in Almaty in July. Totally 10 participants from Kazakhstan (6 females and 4 males) participated.
6.2 Improved patient adherence to treatment	6.2.1	Supervision visits to EKO	KNCV	1.411	 100%	Jul	2011	Supervision visit to patient support system in East Kazakhstan oblast was conducted by regional TO in July. During the visit regional TO discussed tool on monitoring of social support with TB service and social support department and next steps for strengthening of patient support system.
	6.2.2	Development of monitoring tool of patient support	KNCV	1.439	 75%	Dec	2011	Monitoring tool was drafted jointly with EKO partners during supervision visit in EKO in July. Pre-final version is tested in EKO. Extension till December will be needed for finalization of the tool.
	6.2.3	Social support delivery in EKO	KNCV	32.500	 75%	Dec	2011	180 TB/MDRTB patients have been enrolled on patient support system in Semey and Oskemen (East Kazakhstan oblast). Psychological support has been started. Extension till December is needed for provision of social support.
	6.2.4	Workshop on capacity building of NGO's in EKO	KNCV	5.626	 100%	Sep	2011	This activity was combined with activity 1.1.6. In two-day workshop for NGOs 4 representatives of four local NGOs and three ex-MDR-TB patients participated in event conducted 26 - 27 September in Almaty. Ex-MDR TB patients are planning to establish NGO to provide support to TB patients.
	6.2.5	Assessment visits on patient support system in new project sites	KNCV	3.929	 100%	Jun	2011	Assessment visits have been conducted in May-June.
	6.2.6	Development of patient support system	KNCV	5.965	 50%	Dec	2011	Agenda for round tables with local governments (Akimats) of three project sites (North Kazakhstan, South Kazakhstan and Akmola) have been approved and dates for round tables agreed with Akimats. Extension till December is required to conduct round tables with oblasts Akimats.

	6.2.7	Meeting of patient support working group in new project sites	KNCV	1.493	0%	Dec	2011	Due to delay with development of patient support systems in new project sites, this activity will be moved to APA2.
					75%			

		7. M&E, OR and Surveillance			Planned Completion Month Year		Cumulative Progress and Deliverables up-to-date	
Outcomes			Lead Partner	Approved Budget	Cumulative Completion			
7.1 Improved surveillance system (including MDR TB and TB/HIV)	7.1.1	Workshop on data management for NTP and NAP	KNCV	8.820	100%	Sep	2011	One-day workshops on improvement of surveillance system with focus on improvement of data collection and analysis have been conducted for prison and civil TB services of four project sites (Akmola, East Kazakhstan, North Kazakhstan and South Kazakhstan) during supportive supervision visits. Total number of trained specialists: North Kazakhstan oblast - 23 participants (3 males, 20 females), Akmola - 26 participants (4 males, 22 females), SKO - 33 participants (10 males, 21 females), EKO - 26 participants (3 males, 23 females)
	7.1.2	Improvement of National TB surveillance system	KNCV	38.449	100%	Sep	2011	Supportive supervision visit have been conducted to four project sites (Akmola, North Kazakhstan, East Kazakhstan and South Kazakhstan) for assessment of surveillance system and on-job training for specialists responsible for data entry, data analysis and reporting.
	7.1.3	Adjustment of existing M&E tool	KNCV	7.736	25%	Dec	2011	Meeting with national and international partners on establishment of technical working group was conducted. Members of technical working group were identified. Extension is needed to conduct 3-day workshop for revision of recording and reporting forms and surveillance system.
7.2 Strengthened local capacities on OR	7.2.1	Workshop on development of National TB research agenda	KNCV	14.037	100%	Sep	2011	Two-day workshop on development of National TB research agenda fro the period 2012 - 2015 was conducted in September. Basis for national research agenda and list of potential ORs have been developed. 15 people (4 male, 11 female) from NTP, four project sites, SES, NAP and partner organizations participated in the workshop.

	7.2.2	Development of protocol on evaluation of new diagnostics	KNCV	13.179	 25%	May	2012	Activity will be finalized in APA2.
	7.2.3	Development of protocol for evaluation of new models of care	KNCV	11.006	 25%	Jul	2012	Activity will be continued in APA 2.
	7.2.4	Development of protocol for evaluation of patient support model	KNCV	11.815	 50%	Dec	2011	Draft protocol developed by senior consultant. Extension till December is needed to finalize the protocol.
					 61%			

		8. Drug supply and management			Planned Completion		Cumulative Progress and Deliverables up-to-date	
Outcomes			Lead Partner	Approved Budget	Cumulative Completion	Month	Year	
8.1 Improved drug management in project sites	8.1.1	Scale up of local capacity on drug management	KNCV	8.838	 50%	Sep	2011	Training program is developed based on the results of assessment visits to project sites. Extension till November is requested to conduct training on calculation of needs in anti-TB drugs (FLD, SLD).
					 50%			

Quarterly Activity Plan Modifications

Request for Cancellation or Discontinuation of Activities								
Approved By (write dates)			Old Code	1. Universal and Early Access Activities from the Work Plan	Lead Partner	Remaining Budget	Proposed Budget*	Replace with the following activity (if
Mission	PMU	USAID						
			1.3.2	Development of action plan to scale up TB management in children	KNCV	12.424		
Approved By (write dates)			Old Code	2. Laboratories Activities from the Work Plan	Lead Partner	Remaining Budget	Proposed Budget*	Replace with the following activity (if
Mission	PMU	USAID						
			2.3.3	Introduction of FL&SL Hain test	KNCV	10.756		
Approved By (write dates)			Old Code	3. Infection Control Activities from the Work Plan	Lead Partner	Remaining Budget	Proposed Budget*	Replace with the following activity (if
Mission	PMU	USAID						
			3.1.5	Continuous supportive supervision	KNCV	2.055		

Request for Postponement of Activities								
Approved By (write dates)			Old Code	1. Universal and Early Access Activities from the Work Plan	Lead Partner	Remaining Budget	Extension APA1/APA 2	Remarks
Mission	PMU	USAID						
			1.1.3	Supportive supervision visits to project sites	KNCV	4.888	APA 2	
			1.1.4	Training of prison medical staff in new project sites	KNCV	1.409	APA 2	
			1.1.5	Workshops for prison administration	KNCV	26.466	Extension till December 2011	
			1.2.1	Round table meeting on development of TWG	KNCV	2.538	APA 2	
			1.2.2	Analysis of policy and practices related to TB control in migrants	KNCV	3.251	APA 2	
Approved By (write dates)			Old Code	2. Laboratories Activities from the Work Plan	Lead Partner	Remaining Budget		Remarks
Mission	PMU	USAID						
			2.1.1	Development of National strategic plan	KNCV	2.362	Extension till December 2011 <input type="checkbox"/>	
			2.1.2	Continuous supportive supervision	KNCV	32.845	Extension till December 2011	Budget needs to be reprogrammed for hiring Regional laboratory technical officer in Staffing and Operations budget. (see table Request for adding new activities)

			2.2.1	Development of guidelines on laboratory maintenance	KNCV	- 925	Extension till December 2011 Additional funding is not required.	
			2.2.2	Updating of lab SOPs in accordance with international standards	KNCV	6.682	continued in APA 2	budgeted funds are not required
			2.3.1	Procurement of GenExpert and its related equipment	KNCV	191.829	Extension till December 2011	
			2.3.2	Introduction and piloting of GenExpert	KNCV	9.262	Extension till November 2011. To be reprogrammed to new activity "Regional workshop on GeneXpert implementation by WHO/GLI"	see table "Request for new activities" Additional funding will be required
Approved By (write dates)			Old Code	3. Infection Control	Lead Partner	Remaining Budget		Remarks
Mission	PMU	USAID		Activities from the Work Plan				
			3.1.1	Development of IC guidelines and regulatory documents in accordance with international standards	KNCV	5.012	Extension till November 2011	
			3.1.2	Introduction of TB IC assesment guide and checklist	KNCV	1.354	Extension till December 2011	
			3.1.4	Procurement of IC equipment for risk assessment and protection measures	KNCV	80.400	Extension till December 2011 for procurement	
Approved By (write dates)			Old Code	4. PMDT	Lead Partner	Remaining Budget		Remarks
Mission	PMU	USAID		Activities from the Work Plan				
			4.1.4	Development of PMDT action plans in new project sites	KNCV	578	Extension is needed till 2011. No additional funds are required .	
			4.1.5	Finalization of DR TB management protocols for new project sites	KNCV	5.774	APA 2	
			4.1.6	Training on X/MDR TB clinical management in project sites	KNCV	5.000	APA 2	
			4.1.8	Participation in international conferences	KNCV	12.539	Extension till December	
			4.2.1	Development of protocols on X/MDRTB management in children	KNCV	503	APA 2	
Approved By (write dates)			Old Code	5. TB/HIV	Lead Partner	Remaining Budget		Remarks
Mission	PMU	USAID		Activities from the Work Plan				
			5.1.3	Development of National strategic plan on TB/HIV collaboration		1.072	Extension is needed till 2011	
			5.2.1	Revision and adjustment of existing clinical protocols on TB/HIV		909	APA 2	
Approved By (write dates)			Old	6. Health Systems	Lead	Remaining		Remarks

Mission	PMU	USAID	Code	Activities from the Work Plan	Partner	Budget		
			6.1.3	Strengthening of training capacities of local trainers	KNCV	5.217	continued in APA 2	
			6.2.2	Development of monitoring tool of patient support	KNCV	102	Extension till December 2011. Additional funds are not requested.	
			6.2.3	Social support delivery in EKO	KNCV	3.330	Extention till December 2011	
			6.2.6	Development of patient support system	KNCV	5.965	Extention till December 2011	
			6.2.7.	Meeting of patient support working group in new project sites	KNCV	1.493	Move to APA 2	
Approved By (write dates)			Old Code	7. M&E, OR and Surveillance	Lead Partner	Remaining Budget		Remarks
Mission	PMU	USAID	Code	Activities from the Work Plan	Partner	Budget		
			7.1.3.	Adjustment of existing M&E tool	KNCV	7.736	Extension till December 2011	
			7.2.2.	Development of protocol on evaluation of new diagnostics	KNCV	12.547	Move to APA 2	
			7.2.3	Development of protocol for evaluation of new models of care	KNCV	9.969	Move to APA 2	
			7.2.4	Development of protocol for evaluation of patient support model	KNCV	11.183	Extension till December 2011	
Approved By (write dates)			Old Code	8. Drug supply and management		Remaining Budget		Remarks
Mission	PMU	USAID	Code	Activities from the Work Plan		Budget		
			8.1.1	Scale up of local capacity on drug management	KNCV	8.838	Extension till November 2011. Additional funding is needed.	

Request for Adding New Activities to the Current Work Plan							Remarks
Approved By (write dates)			New Code	2. Laboratories	Lead Partner	Proposed Budget*	
Mission	PMU	USAID	Code	Proposed New Activities	Partner	Budget*	

				Hiring of local Regional Laboratory Officer	KNCV	6.815	SNRL Borstel proposed hiring of recommended local laboratory specialist as focal point on coordination of activities related to laboratory TA and GeneXpert implementation. It is proposed to devide budget of act.2.1.2 budget ("continious supportive supervision by SNRL") to: (1)"staffing&operations" budget for hiring costs of regional laboratory technical officer and (2) supportive supervision visits to 3 project sites for on-job training). It is included in Staffing and Operations (see below)	
				Regional WHO/GLI Workshop on GeneXpert implementation	KNCV	19.500	Regional workshop for introduction of Xpert MTB/Rif will be condcuted by WHO	
				Staffing and Operations for extension period October-December 2011	KNCV	152.451	Funds needed to cover staffing and operations for regional office to be able to implement	

Summary of expenses vs budget:

Total budget:	1.408.692
ACF:	126.782
KNCV budget:	1.281.909
Total spent:	715.248
Total Balance:	566.661
Carry over to APA 2	35.859
Total reprogrammed	530.802

Quarterly Photos (as well as tables, charts and other relevant materials)

Inventory List of Equipment TB CARE I

Organization:	TB CARE I
Country:	Kazakhstan
Reporting date:	29 October
Year:	2011



Description (1)	Quantity	ID numbers (2)	Acquisition cost (4)	V.A.T (5)	Location (6)	Condition	Disposition date (8)	Insurance policy number	Insurance Policy #
ND ASUS K43E, Core i3-2310M-2100/320G5/3GB/DVD-RW/802.11B.g/BT/14*HD/nob/nom	1	B3N0BC352978137	109.628,00 KZT	11.745,86 KZT	RO, Almaty	good			
ND ASUS K43E, Core i3-2310M-2100/320G5/3GB/DVD-RW/802.11B.g/BT/14*HD/nob/nom	1	B3N0BC353159132	109.628,00 KZT	11.745,86 KZT	RO, Almaty	good			
ND ASUS K43E, Core i3-2310M-2100/320G5/3GB/DVD-RW/802.11B.g/BT/14*HD/nob/nom	1	B3N0BC353033135	109.628,00 KZT	11.745,86 KZT	RO, Almaty	good			
ND ASUS K43E, Core i3-2310M-2100/320G5/3GB/DVD-RW/802.11B.g/BT/14*HD/nob/nom	1	B3N0BC352876139	109.628,00 KZT	11.745,86 KZT	RO, Almaty	good			
Panasonic/KX-TS2365RUW	1	1ABKH651239	8.850,00 KZT	948,21 KZT	RO, Almaty	good			
Panasonic/KX-TS2365RUW	1	1ABKH651248	8.850,00 KZT	948,21 KZT	RO, Almaty	good			
Panasonic/KX-TS2365RUW	1	1ABKH651250	8.850,00 KZT	948,21 KZT	RO, Almaty	good			
Win Pro 7 64-bit Russian CIS and Georgia 1pk	12	00071	355.296,00 KZT	38.067,43 KZT	RO, Almaty	good			
Office Home and Business 2010, 32/64 English no EU	4	00072	191.996,00 KZT	20.571,00 KZT	RO, Almaty	good			
OfficeMultiLangPk 2010 Olp NL	4	00073	20.000,00 KZT	2.142,86 KZT	RO, Almaty	good			
Dr Web SSecurity Pro (K3) 1 electronic license, 1 year	12	00074	58.560,00 KZT	6.274,29 KZT	RO, Almaty	good			
Dr Web Server Security	2	00075	44.800,00 KZT	4.800,00 KZT	RO, Almaty	good			
Switch, 16 port 10/100/1000 Mbit, Tenda TEG1016D, Auto MDI/MDI-X, rack/dekstop, int PS	1	00076	19.926,00 KZT	2.134,93 KZT	RO, Almaty	good			
Language Pack (LP)	5	00077	24.000,00 KZT	2.571,43 KZT	RO, Almaty	good			
Office chairs, Torino	1	00078	7.200,00 KZT	771,43 KZT	RO, Almaty	good			
Office chairs, Torino	1	00079	7.200,00 KZT	771,43 KZT	RO, Almaty	good			
Office chairs, Torino	1	00080	7.200,00 KZT	771,43 KZT	RO, Almaty	good			
Office chairs, Torino	1	00081	7.200,00 KZT	771,43 KZT	RO, Almaty	good			
Mobile Cabinet	1	00082	14.500,00 KZT	1.553,57 KZT	RO, Almaty	good			
Mobile Cabinet	1	00083	14.500,00 KZT	1.553,57 KZT	RO, Almaty	good			
Telephone system cabinet	1	00084	9.200,00 KZT	985,71 KZT	RO, Almaty	good			
Office table	1	00085	13.200,00 KZT	1.414,29 KZT	RO, Almaty	good			
Table top	1	00086	8.800,00 KZT	942,86 KZT	RO, Almaty	good			
Camera, Canon Power Shot S95	1	4343B001 [AA]	78.120,00 KZT	8.370,00 KZT	RO, Almaty	good			

(1) Description of equipment: transportation (vehicles), administration (computers, faxes), laboratory equipment or others

(2) Identification number (eg Manufacturer's serial number, model number, Federal stock number, national stock number)

(3) Date of invoice

(4) Total price including any sales tax paid. Use currency on invoice

(5) Note any sales tax charged

(6) Address

(7) Good/fair or bad

(8)+(9) Ultimate disposition data, (in the case of a vehicle) including date of disposal and sales price or the method used to determine current fair market value.

where a recipient compensated TB CARE I for its share. Attach supplementary info